BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

nsert Title:	AMBIENT LIG	HTING SYS	TEM	Mar W					
Fill in Appropriate	the specification of wh		hereto. If not attached l	nereto, the applicati	on is identified by the	attorney docket	number as set		
	forth above and/or the								
nformation -	The specification was filed onas United States Application Number;								
For Use Without	United States App	plication Numb	er			(if applicable	\ and /or		
Specification	the energification	vac filed on	July 5. 2004		(if applicable) and/or as PCT				
Attached:	International Application Number PCT/AT2004/000238						_asiCi		
	the specification was filed on July 5, 2004 as PCT International Application Number PCT/AT2004/000238 ; and was amended on (if applicable)								
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as								
	amended by any amer I acknowledge th Regulations, §1.56. I do not know and thereof, or patented of year prior to this appl prior to this application date of this application representative or assignated to rinyentor's ce	ndment referred the duty to disc did do not believe of described in a lication, that the on, that the inve on in any coughs more than is prificate on this	I to above. close information whice the same was ever kn any printed publication e same was not in pulention has not been pantry foreign to the U welve months (six most invention has been fire the party of the base invention has been fire the base of the bas	own or used in the in any country be blic use or on sale tented or made the inited States of Aroths for designs) pled in any country	United States of Amer efore my or our inventin the United States of subject of an inventor	in Title 37, Coordin Title 37,	our invention our than one than one year ed before the		
	I hereby claim for or inventor's certificate a filing date before that	reign priority be listed below a	entatives or assigns, exc benefits under Title 35, nd have also identified	United States Cod below any foreign	e, §119(a)-(d) of any fo application for patent	reign application or inventor's cer	n(s) for patent tificate having		
	Prior Foreign Appli	cation(s)	uon on which priority	is ciaimed:		Priority (Claimed		
Insert Priority	A 1179/2003	Aust	ria	7/24/2	003	В			
Information:	(Number)	(Country		7/24/20 (Month/Da	y/Year Filed)	□} Yes	□ No		
(if appropriate)	(Number)	(Country))	(Month) Da	y/ rear rueu)	ies	No		
	(Number)	(Country)	(Month/Da	y/Year Filed)	Yes	No		
	,	` .	,	, ,	,	_	_		
	(Number)	(Country)	(Month/Da	y/Year Filed)	Yes	No		
	(Number)	(Country	<u> </u>	(Month/Da	y/Year Filed)	Yes	No		
	(i varioci)	(Country)	,	(Monthly Du	y, rear rhea,	103	140		
	I hereby claim the ben	efit under Title	35, United States Code	e, §119(e) of any Un	ited States provisional	applications(s) l	isted below.		
Insert Provisional Application(s): (if any)	(Application Number)			(Filing Date)					
	(Application Number)	Date)	te)						
	A 11 F		D			() () (D			
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
	Country Application			er	th/Day/Year)				
Insert Requested Information: (if appropriate)							<u> </u>		
	continuation-in-part a disclosed in the prior l Code, §112, I acknow	pplication(s) li United States and Vledge the duty §1.56 which be	sted below and, insoft nd/or PCT application to disclose information ecame available between	ar as the subject m in the manner pro on which is materia	ited States and/or PC atter of each of the cla vided by the first para al to the patentability a of the prior applicat	aims of this app graph of Title 35 as defined in Tit	lication is not United States le 37, Code of		
Insert Prior U.S.									
Application(s): (if any)	(Application Number))	(Filing Date)	A STORE .	(Status - patented, p	ending, abandor	ned)		
2	(Application Name 1	<u> </u>	(Filing Data)		(Ctatus material m	onding should	20:4)		
Page 1 of (Rev. 07/2003)	(Application Number))	(Filing Date)		(Status - patented, p	ending, abandoi	ieu)		

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written hotice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Sixth Inventor, if any: see above

nd belief are believed to be true; and further e like so made are punishable by fine or im ch willful false statements may jeopardize t	the validity of the application or any p	atant issued there	yon
		aterii issued tilere	
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	•	DATE*
JohannesCJUNGEL-SCHMID	X.V		12.22.2005
Residence (City, State & Country)		CITIZENSH	IP
Vienna, Austria		AT	
MAILING ADDRESS (Complete Street Add	ress including City, State & Country)		
Neusetzgasse 9/8, A-1100 V	Vienna, Austria		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Dimitre TOCHEV	March		12.22.2005
Residence (City, State & Country)		CITIZENSH	
Vienna, Austria		BG	
MAILING ADDRESS (Complete Street Add	lress including City, State & Country)	i	
Kolschitzkygasse 2-4/1/14	4, A-1040 Xienna, Austr	ia	
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Ivan TOCHEV			12.22.2005
Residence (City, State & Country)		CITIZENSH	
Vienna, Austria		BG	
Vienna, Austria MAILING ADDRESS (Complete Street Add	Iress including City, State & Country)	BG	
MAILING ADDRESS (Complete Street Add	<i>3</i> , 3, 3,		<u>.</u>
•	<i>3</i> , 3, 3,		DATE*
MAILING ADDRESS (Complete Street Add Kolschitzkygasse 2-4/1/14	4, A-1040 Vienna, Austr		DATE*
MAILING ADDRESS (Complete Street Add Kolschitzkygasse 2-4/1/14	4, A-1040 Vienna, Austr		
MAILING ADDRESS (Complete Street Add Kolschitzkygasse 2-4/1/14 GIVEN NAME/FAMILY NAME	4, A-1040 Vienna, Austr	ia	
MAILING ADDRESS (Complete Street Add Kolschitzkygasse 2-4/1/14 GIVEN NAME/FAMILY NAME Residence (City, State & Country)	4, A-1040 Vienna, Austr INVENTOR'S SIGNATURE	ia	
MAILING ADDRESS (Complete Street Add Kolschitzkygasse 2-4/1/14 GIVEN NAME/FAMILY NAME	4, A-1040 Vienna, Austr INVENTOR'S SIGNATURE	ia	
MAILING ADDRESS (Complete Street Add Kolschitzkygasse 2-4/1/14 GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Add	INVENTOR'S SIGNATURE dress including City, State & Country)	ia	
MAILING ADDRESS (Complete Street Add Kolschitzkygasse 2-4/1/14 GIVEN NAME/FAMILY NAME Residence (City, State & Country)	4, A-1040 Vienna, Austr INVENTOR'S SIGNATURE	ia	
MAILING ADDRESS (Complete Street Add Kolschitzkygasse 2-4/1/14 GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Add GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE dress including City, State & Country)	ia	IP DATE*
MAILING ADDRESS (Complete Street Add Kolschitzkygasse 2-4/1/14 GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Add	INVENTOR'S SIGNATURE dress including City, State & Country)	CITIZENSH	IP DATE*
MAILING ADDRESS (Complete Street Add Kolschitzkygasse 2-4/1/14 GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Add GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE dress including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSH	IP DATE*
MAILING ADDRESS (Complete Street Add Kolschitzkygasse 2-4/1/14 GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Add GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE dress including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSH	IP DATE*
MAILING ADDRESS (Complete Street Add Kolschitzkygasse 2-4/1/14 GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Add GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Add	INVENTOR'S SIGNATURE dress including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSH	DATE*
MAILING ADDRESS (Complete Street Add Kolschitzkygasse 2-4/1/14 GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Add GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE dress including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSH	IP DATE*
MAILING ADDRESS (Complete Street Add Kolschitzkygasse 2-4/1/14 GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Add GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Add GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE dress including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSH	DATE*
MAILING ADDRESS (Complete Street Add Kolschitzkygasse 2-4/1/14 GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Add GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Add	INVENTOR'S SIGNATURE dress including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSH	DATE*
MAILING ADDRESS (Complete Street Add Kolschitzkygasse 2-4/1/14 GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Add GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Add GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE dress including City, State & Country) INVENTOR'S SIGNATURE dress including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSH	DATE*